| SEND COMPLETED FORM TO: | United States Environmental Protection Agency | | | |
|--|---|------------------------------------|--|--|
| The Appropriate State or EPA Regional Office. | RCRA SUBTITLE C SITE IDENTIFICA | TION FORM | | |
| 1. Reason for | Reason for Submittal: | | | |
| Submittal (See instructions on page 9) | ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) | | | |
| | ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) | | | |
| MARK ALL BOX(ES) THAT APPLY | DX(ES) | | | |
| The second of the property | ☐ As a component of a Revised RCF A Hezardous Waste Part A Permit Application (Amendment #) | | | |
| | | | | |
| 2. Site EPA ID Number (page 10) | EPA ID Number [M,O,R, 00,0,04,0,9,64] | | | |
| 3. Site Name (page 10) | Sullivan PRECISION METAL FINISHING | | | |
| 4. Site Location | | RUICE ROAD WEST | | |
| Information (page 10) | City, Town, or Village: SULLIVAN | State: | | |
| | County Name: FRANKLIN | Zip Code: 63080 | | |
| 5. Site Land Type (page 10) | Site Land Type: Private □ County □ District □ Feder | al Chadian Municipal State Other | | |
| North American Industry Classification | * 332813 B. | 442751 | | |
| System (NAICS) Code(s) for the Site | C. D. | RCRA RECORDS | | |
| (page 10) | |) | | |
| 7. Site Mailing | Street or P. O. Box: SAME | , | | |
| Address (page 11) | City, Town, or Village: | | | |
| | State: | | | |
| | Country: | Zip Code: | | |
| 8. Site Contact Person | First Name: EARL MI: F | Last Name: SmELSER | | |
| (page 11) | Phone Number: 573-468-80 Extension: 106 | Email address: | | |
| Operator and Legal Owner | A. Name of Site's Operator: | Date Became Operator (mm/dd/yyyy): | | |
| of the Site (pages 11 and 12) | Operator Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other | | | |
| | B. Name of Site's Legal Owner: | Date Became Owner (mm/dd/yyyy): | | |
| | NEW FRONITER Holding DEC 200/ | | | |
| Owner Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State | | | | |

EPAID NO: MOIRIDOR JHD 91614

OMB#: 2050-0024 Expires 10/31/2005

| 9. Legal Owner | Street or P. O. Box | : 9 | 95 NORT | H SE | RUICE ROAD WEST | |
|---|---|--------------|--------------------|--|---|--|
| (Continued) Address | City, Town, or Villa | ge: S | Bullivar | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | State: | \sim | D | × | | |
| | Country: F | 2AN14 | LIN | | Zip Code: 6,3080 | |
| 10. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 12 to 16.) | | | | | | |
| A. Hazardous Was Complete all par | te Activities rts for 1 through 6. | | | | , | |
| Y □ N □ 1. Generator of Hazardous Waste | | | | YONO | 2. Transporter of Hazardous Waste | |
| If "Yes", ch | oose only one of the | following | - a, b, or c. | V | 3. Treater, Storer, or Disposer of | |
| a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or | | | 70110 | Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity. | | |
| □ b. SQG: | 100 to 1,000 kg/mo (2 of non-acute hazardo | | | VONO | 4. Decuales of Hannadaya Wests (at your | |
| | of non-acute nazardo | ous waste, t | Л | YUNU | 4. Recycler of Hazardous Waste (at your site) | |
| ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste | | | YONO | 5. Exempt Boiler and/or Industrial | | |
| In addition, in | dicate other generat | or activitie | ie. | | Furnace | |
| In addition, indicate other generator activities. Y N d. United States Importer of Hazardous Waste | | | | If "Yes", mark each that applies. ☐ a. Small Quantity On-site Burner Exemption | | |
| Y □ N □ e. Mixed Waste (hazardous and radioactive) Generator | | | | b. Smelting, Melting, and Refining Furnace Exemption | | |
| | | | | YDND | 6. Underground Injection Control | |
| B. Universal Waste | Activities | | | C. 1 | Used Oil Activities | |
| VD | | | | | Mark all boxes that apply. | |
| Y□N□1. Large Quant | ity Handler of Univer nore) [refer to your | | • | YDND | Used Oil Transporter | |
| | hat is regulated]. In | 700 | | If "Yes", mark each that applies. | | |
| | ated and/or accumul | ated at you | ur site. If "Yes", | | a. Transporter | |
| mark all box | es that apply: | Generate | Accumulate | | ☐ b. Transfer Facility | |
| | | Concrate | , countralate | YONO | 2. Used Oil Processor and/or Re-refiner | |
| a. Batteries | | | | | If "Yes", mark each that applies. | |
| b. Pesticides | | | | | ☐ a. Processor☐ b. Re-refiner | |
| c. Thermostats | S | | | | G b. Re-refiner | |
| d. Lamps | | | | YONO: | 3. Off-Specification Used Oil Burner | |
| e. Other (spec | ify) | _ 🗅 | | VDND. | 4. Used Oil Fuel Marketer | |
| f. Other (speci | ify) | _ 0 | | l and | If "Yes", mark each that applies. | |
| g. Other (speci | ify) | _ 0 | | | ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to | |
| V D N D 2 Postination Equility for Universal Wests | | | * | Off-Specification Used Oil Burner b. Marketer Who First Claims the | | |
| Y □ N □ 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity. | | | | Used Oil Meets the Specifications | | |

STATE AS

EPA ID NO: MIDIRI 0000 1040 764 OMB#: 2050-0024 Expires 10/31/2005 11. Description of Hazardous Wastes (See instructions on page 16.) A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed. D002 B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes. 12. Comments (See instructions on page 16.) 13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 16.) Signature of operator, owner, or an **Date Signed** Name and Official Title (type or print) authorized representative (mm/dd/yyyy) DON SCOWLEN SENOR VICE PRESIDENT

OMB#: 2050-0024 Expires 10/31/2005 BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL U.S. ENVIRONMENTAL OR ENTER: PROTECTION AGENCY SITE NAME: Sullivan PRECISION 2003 Hazardous Waste Report METAL FINISHING **FORM** WASTE GENERATION GM EPAID NO: 1MOIRI LOIDIOI LOI4101 91614 AND MANAGEMENT Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form. A. Waste description Sec. 1 KELATED MATERIAL WASTE C. State hazardous waste code B. EPA hazardous waste code DOO 1 DOO 7 D013151 15010131 1501051 F. Quantity generated in 2003 D. Source code E. Form code G. UOM 16106 LI 1 8365 L LW121091 Management Method code for Source code G25 Density L161 Z10 Ibs/gal □ sg Sec. 2 Was any of this waste managed on site? (pages □ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) 2 No (SKIP TO SEC. 3) **ON-SITE PROCESS SYSTEM 1** ON-SITE PROCESS SYSTEM 2 On-site Management Quantity treated, disposed, or On-site Management Quantity treated, disposed, or Method code recycled on site in 2003 Method code recycled on site in 2003 [H] [] [Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26) Sec. 3 ¥1 Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE) B. EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 Site 1 code Shipped to 231615 ARD 981 1057 8170 LH10510 Site 2 EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 was shipped code Shipped to Site 3 B. EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 was shipped code Shipped to LHTTT Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL U.S. ENVIRONMENTAL OR ENTER: PROTECTION AGENCY SITE NAME: Sullivan PRECISION 2003 Hazardous Waste Report METAL FINISHING **FORM** WASTE GENERATION GM EPAID NO: MOIRI LOIDIOI DI4101 191614 AND MANAGEMENT Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form. A. Waste description PAINT WASTE SOLIDS (N.O.S) POWDER Sec. 1 RESIDUE AND FLITER C. State hazardous waste code B. EPA hazardous waste code |DIODI7 | FOOI3 D10351 1F1010151 1 1MA E. Form code F. Quantity generated in 2003 G. UOM D. Source code 16100 11925 LWI3110 Management Method code for Source code G25 Density Ш.Ш □ lbs/gal 🕱 sg Was any of this waste managed on site? (pages Sec. 2 □ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) 2 No (SKIP TO SEC. 3) ON-SITE PROCESS SYSTEM 1 ON-SITE PROCESS SYSTEM 2 Quantity treated, disposed, or On-site Management Quantity treated, disposed, or On-site Management Method code recycled on site in 2003 Method code recycled on site in 2003 LHI I I [H] []] Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26) Sec. 3 □ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE) EPA ID No. of facility to which waste Total quantity shipped in 2003 Site 1 B. Off-site Management Method code Shipped to was shipped 11111111215 ARD 981 259 800 LHD0510 Site 2 EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 code Shipped to was shipped LHTTTT Site 3 EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 was shipped code Shipped to Comments:

| | OMB#: 2050-0024 Expires 10/31/200 | | | |
|--|--|--|--|--|
| BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LA OR ENTER: | U.S. ENVIRONMENTAL PROTECTION AGENCY | | | |
| SITE NAME: Sullivan PRECISION | 2003 Hazardous Waste Report | | | |
| EPAID NO: [MOIRI LOIDIO LOGIO 91614 | GM WASTE GENERATION AND MANAGEMENT | | | |
| Instructions: Please see the detailed instructions on pages 17 to | 25 of this booklet before completing this form. | | | |
| B. EPA hazardous waste code FOIG WATER TREATMENT Sludge C. State hazardous waste code | | | | |
| D. Source code [G]2.3 Management Method code for Source code G25 | | | | |
| Sec. 2 Was any of this waste managed on site? (pages 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3) | | | | |
| ON-SITE PROCESS SYSTEM 1 On-site Management Quantity treated, disposed, or recycled on site in 2003 | ON-SITE PROCESS SYSTEM 2 On-site Management Quantity treated, disposed, or recycled on site in 2003 | | | |
| Sec. 3 A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26) □ 1 Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE) | | | | |
| | D. Total quantity shipped in 2003 Shipped to | | | |
| | te Management Method D. Total quantity shipped in 2003 Shipped to | | | |
| | D. Total quantity shipped in 2003 Shipped to | | | |
| Comments: | | | | |

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL U.S. ENVIRONMENTAL OR ENTER: PROTECTION AGENCY SITE NAME: Sullivan Precision 2003 Hazardous Waste Report METAL FINISHING **FORM** WASTE GENERATION **GM** EPAID NO: 100 18 1000 0140 1916 4 AND MANAGEMENT Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form. A. Waste description CORROSIDE SOLIO NITRICACIO AMMONIUM HYDROS/40RIDE C. State hazardous waste code B. EPA hazardous waste code DOOO211 1 NA I I IMA LIMA LIMA E. Form code F. Quantity generated in 2003 D. Source code G. UOM 1G1 1131 1W131)16 1500 Management Method code for Source code G25 Density لللا اللا [H] [] Ibs/gal □ sg Was any of this waste managed on site? (pages Sec. 2 ☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) 2 No (SKIP TO SEC. 3) ON-SITE PROCESS SYSTEM 1 **ON-SITE PROCESS SYSTEM 2** Quantity treated, disposed, or On-site Management On-site Management Quantity treated, disposed, or Method code recycled on site in 2003 Method code recycled on site in 2003 [H] [] [[H] []] Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26) Sec. 3 Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE) EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 Site 1 B. was shipped code Shipped to 1115010 ARD 9811 1057810 LHJD1417 Site 2 EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 was shipped code Shipped to [H] [] Site 3 B. EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 code Shipped to was shipped [H] Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER: SITE NAME: SUNIVAR PRECISION METAL FINISHING EPAID NO: MICIRI CICIO 6140 964 Instructions: Please see the detailed instructions on pages 17 to 25 of this

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

| Instruc | Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form. | | | | |
|--|---|---|--|-----------------------------------|--|
| Sec. 1 A. Waste description CHROMIC ACID SOLUTION WASTE | | | | | |
| B. EPA hazardous waste code DOODLDCIO7 | | 0171 | C. State hazardous waste code | | |
| | Ince code LG anagement Method code for Source code G25 | E. Form code | F. Quantity generate | ed in 2003 113つら | G. UOM Density/. I/ Life in the second sec |
| Sec. 2 Was any of this waste managed on site? (pages □ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) ■ 2 No (SKIP TO SEC. 3) | | | | | |
| ON-SIT | E PROCESS SYSTEM 1 | | ON-SITE PROCESS | SYSTEM 2 | |
| On-site Management Quantity treated, disposed, or Method code recycled on site in 2003 | | | On-site Management Quantity treated, disposed, or Method code recycled on site in 2003 | | |
| Sec. 3 A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26) □ 1 Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE) | | | | | |
| Site 1 | B. EPA ID No. of facility to which waste was shipped | C. Off-site Management Method code Shipped to | | D. Total quantity shipped in 2003 | |
| Site 2 | B. EPA ID No. of facility to which waste was shipped | C. Off-site Management Method code Shipped to | | D. Total quantity shipped in 2003 | |
| Site 3 | B. EPA ID No. of facility to which waste was shipped | C. Off-site Management Method code Shipped to | | D. Total quantity shipped in 2003 | |
| Comme | nts: | | | | |

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL U.S. ENVIRONMENTAL OR ENTER: PROTECTION AGENCY SITE NAME: Sullivan PRECISION 2003 Hazardous Waste Report METALFINISHING **FORM** WASTE GENERATION GM EPAID NO: 1MIDIRI LOSOICI 1014101 91614 AND MANAGEMENT Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form. FLOURIDE PHOSPHATE A. Waste description SOLUTION Sec. 1 loueic ACID LUASTE CORROSIVE C. State hazaldous waste code B. EPA hazardous waste code DOIDIZILINA LIMALLMA LIMA F. Quantity generated in 2003 D. Source code E. Form code G. UOM 6500 Management Method code for Source code G25 Density LH____ Sec. 2 Was any of this waste managed on site? (pages ☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) 2 No (SKIP TO SEC. 3) **ON-SITE PROCESS SYSTEM 1 ON-SITE PROCESS SYSTEM 2** On-site Management Quantity treated, disposed, or On-site Management Quantity treated, disposed, or Method code recycled on site in 2003 Method code recycled on site in 2003 [H] [[] Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26) Sec. 3 □ 2 No (FORM IS COMPLETE) □ 1 Yes (CONTINUE TO BOX B) B. EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 Site 1 code Shipped to was shipped 111650011 HRU 981 057 820 1H1 1 2 1 Site 2 B. EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 was shipped code Shipped to LH_____ Site 3 B. EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 was shipped code Shipped to LH_____I Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER: SITE NAME: SUITEVAN PRECISION METAL FINISHING EPAID NO: MICIRI (DIDIO) DIHIO) GIGIY

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 Hazardous Waste Report

WASTE RECEIVED

FORM WR

FROM OFF SITE DOES NOT APPly TO SPMA

| 3000 7000 | | | | |
|---|---------------------------------|-------------------------------|--|--|
| Instructions: Please see the detailed instructions on pages 26 to 29 of this booklet before completing this form. | | | | |
| Waste 1 | B. EPA hazardous waste code | C. State hazardous waste code | | |
| | | | | |
| D. Off-site handler EPA ID number | E. Quantity received in 2003 | F. UOM Density | | |
| | الاستاليات | □ 1 lbs/gal □ 2 sg | | |
| G. Form code | H. Management Method code | | | |
| [w] | [H]] | | | |
| A. Description of hazardous wa | B. EPA hazardous waste code | C. State hazardous waste code | | |
| Waste 2 | | | | |
| - | | | | |
| D. Off-site handler EPA ID number E. Quantity received in 2003 F. UOM Density | | | | |
| □ Mark if same as in Waste 1 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | | | | |
| G. Form code | H. Management Method code | • | | |
| [MTTTT] | | | | |
| A. Description of hazardous wa | ste B. EPA hazardous waste code | C. State hazardous waste code | | |
| Waste 3 | | | | |
| ı İ | | | | |
| D. Off-site handler EPA ID number | E. Quantity received in 2003 | F. UOM Density | | |
| □ Mark if same as in Waste 2 | , | | | |
| □1 lbs/gal □2 sg | | | | |
| G. Form code H. Management Method code | | | | |
| [w] | [Н]] | | | |
| Comments: | | | | |
| | | | | |
| | | | | |
| | | | | |

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL U.S. ENVIRONMENTAL OR ENTER: PROTECTION AGENCY SITE NAME: 2003 Hazardous Waste Report NOT REQUIRED OFF-SITE IDENTIFICATION BY MO. **FORM** OI EPAID NO: LILIU LILIU LILIU Instructions: Please read the detailed instructions on the reverse side before completing this form. A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter C. Handler type (MARK ALL THAT APPLY) D. Address of off-site installation □ Generator Street City □ Transporter □ TSDR facility A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter Site 2 Handler type (MARK ALL THAT APPLY) D. Address of off-site installation Street ____ ☐ Generator □ Transporter State Zip _____-□ TSDR facility A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter Site 3 C. Handler type (MARK ALL THAT APPLY) D. Address of off-site installation □ Generator Street __ City □ Transporter State Zip J- J-□ TSDR facility A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter Site 4 C. Handler type (MARK ALL THAT APPLY) D. Address of off-site installation Street □ Generator City □ Transporter State | | Zip | | | | |- | | | □ TSDR facility Comments: